## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/27/2014	Address:	6093 S. Old US Hwy 31
Incident #:	14ISPC002552		
<b>County</b> :	FULTON		Macy, IN 46951
Type of Lab	oratory Seizure (check one)	<b>Seizure Location</b>	(check all that apply)
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open − No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, e apply) or Birch Reaction(s):	<u>tc)</u>	
Red Phos	phorous/Iodine Reaction(s):		
Hydrochloric Acid Gas Generator(s): <u>Kitchen</u>			
Flammable Solvents: Kitchen, middle bedroom, rear bedroom			
Water Reactive Metal (Lithium): <u>Living room</u>			
Anhydrous Ammonia: <u>Living room</u>			
Corrosive	Acid: _		
Corrosive	Base:		
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring: 6	ngth of time manufacturing had been months + nformation:
This report	has been faxed* or emailed to the fol	lowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>Roches</u> truth the County: <u>Fulton County Health I</u> of Child Services Hotline: <u>dcshotlinere</u>	Dept.	: fire@rochester.in.us Fax: Fulton@isdh.in.gov ax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetan Officer: Trp. Ben Reason Phone	nine laboratory, cont e (765) 473-6666	tact

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.